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Attorney's Docket No. NISSIN-2/MINORI

PATENT

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COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,  
DIVISIONAL, CONTINUATION OR CIP)

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As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

☒ original

☐ design

☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation in-part application do not check next item; check appropriate one of last three items.

☒ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

☐ divisional

☐ continuation

☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

**WARNING:** If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

MOLDED ARTICLE FOR DENTAL USE

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SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
- (b) ☐ was filed on \_\_\_\_\_ as ☐ Serial No. \_\_\_\_\_  
or ☐ Express Mail No. \_\_\_\_\_, as Serial No. \_\_\_\_\_  
not yet known \_\_\_\_\_ and was amended on \_\_\_\_\_  
(if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☒ was described and claimed in PCT International Application No. PCT/JP02/13213 filed on December 18, 2002 and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

(also check the following items, if desired)

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☒ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

**PRIORITY CLAIM (35 U.S.C. § 119)**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
INTERNATIONAL PCT	JP2002/013213	18/12/2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/>

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

(Declaration and Power of Attorney [1-1]-page 4 of 5)

## POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David B. Kirschstein	Reg. No. 17,244
Alan Israel	Reg. No. 27,564
Martin W. Schiffmiller	Reg. No. 30,421

(check the following item, if applicable)

/\_/\_ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

CUSTOMER NO. 000156

Kirschstein, Ottinger, Israel & Schiffmiller, P.C.  
489 Fifth Avenue  
New York, New York 10017-6105  
TEL: (212) 697-3750  
FAX: (212) 949-1690

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE (S)**

Full name of sole or first inventor Munemitsu Hishimoto

Munemitsu

(GIVEN NAME)

MIDDLE INITIAL OR NAME

Hishimoto

FAMILY (OR LAST NAME)

Inventor's signature

Date April 28, 2005

Country of Citizenship

## Japan

Residence Kyoto, Japan

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Post Office Address c/o Nissin Dental Products, Inc.

Kameoka Factory, 22-1, Asahicho Miyabayashi, Kameoka-shi,  
Kyoto 621-0001 Japan

Full name of second joint inventor, if any \_\_\_\_\_

\_\_\_\_\_  
(GIVEN NAME)

\_\_\_\_\_  
MIDDLE INITIAL OR NAME

\_\_\_\_\_  
FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED  
PAGE(S) WHICH FORM A PART OF THIS DECLARATION

☐ Signature for third and subsequent joint inventors. Number of  
pages added \_\_\_\_\_.

☐ Signature by administrator(trix), executor(trix) or legal  
representative for deceased or incapacitated inventor. Number of  
pages added \_\_\_\_\_.

☐ Signature for inventor who refuses to sign or cannot be reached by  
person authorized under 37 CFR 1.47. Number of pages added  
\_\_\_\_\_.

\* \* \*

☐ Added pages to combined declaration and power of attorney for  
divisional, continuation, or continuation-in-part (CIP)  
application.

☐ Number of pages added \_\_\_\_\_.

\* \* \*

☐ Authorization of attorney(s) to accept and follow instructions  
from representative.

\* \* \*

If no further pages form a part of this Declaration then end this Declaration  
with this page and check the following item

☒ This declaration ends with this page